

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

## Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department for Children and Families		9. Position No. K0163121	10. Budget Program Number		Agency Number
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position) Human Services Assistant			
3. Division Family Services		12. Proposed Class Title			Position Number
4. Section Prevention and Protection Services	For  Use  By  Personnel  Office	13. Allocation			
5. Unit Support Services – Administrative Support		14. Effective Date			
6. Location (address where employee works) Kansas City Wyandotte City County		15. By	Approved		
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %		16. Audit Date: By: Date: By:			
8. Regular hours of work: (circle appropriate time)  FROM: 8:00 AM PM To: 5:00 AM PM	17. Audit Date: By: Date: By:				

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

**Name**

**Title**

**Position Number**

**Tina Abney**

**Prevention and Protection Administrator**

Who evaluates the work of an incumbent in this position?

**Name**

**Title**

**Position Number**

**Tina Abney**

**Prevention and Protection Administrator**

20. a) How much latitude is allowed employee in completing the work? B) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? C) State how and in what detail assignments are made.

Work is performed under the general direction of the Support Services Administrator. Verbal and/or written assignments are guided by agency policies and procedures. Work performed involves considerable independent judgment seeking supervisory consultation as needed. This position receives minimum daily supervision and may be physically removed from the direct supervisor with direct supervision limited to periodic checks.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	The incumbent is expected to demonstrate a commitment to customer service and will participate fully in team activities in support of the Agency mission. The position also requires a commitment to work effectively with all other PPS Units and DCF Divisions in providing a harmonious work environment that is conducive to improving agency outcomes, office operations and a productive working relationship in the community. This position may be required to provide coverage in other service centers within the assigned region.
1. 45%	E	<b>Administrative Support</b> <ul style="list-style-type: none"> <li>— Maintains, manipulates, sends, receives and tracks spreadsheet reports for multiple eligibility and payment programs to assist with tracking program payments for audit purposes.</li> <li>— Creates letter templates, database tables and spreadsheets.</li> <li>— Scans paper documents in pdf format.</li> <li>— Processes, records and reconcile invoices and vouchers.</li> <li>— Process payments utilizing computer system and required forms.</li> <li>— Processes requests for Social Security cards, payments for birth certificate requests or other vital records for children in DCF custody and distributes copies of requested documents upon receipt.</li> <li>— Psychiatric Residential Treatment Facility (PRTF) contact responsible for tracking and routing Notification of Facility Admission/Discharge to the appropriate person</li> </ul>
2. 40%	E	<b>Clerical Support</b> <ul style="list-style-type: none"> <li>— Collects, sorts, opens and distributes all unit mail, faxes, eligibility correspondence, payment correspondence and all other correspondence to the appropriate staff.</li> <li>— Coordinate with other PPS lines of business in order that the file is merged into a single case file</li> <li>— Mails social service case files to area offices when transferred.</li> <li>— Organizes copies and gathers information for meetings, case reviews and audits as requested by the Support Services Administrator.</li> <li>— Participates in and takes minutes for unit meetings.</li> <li>— Prepares new files by putting in proper order, and labeling and assists in maintaining closed unit files.</li> </ul>
3. 15%	E	<b>Other Duties</b> <ul style="list-style-type: none"> <li>— Screens phone calls and answers routine inquiries from customers.</li> <li>— Attend all training, unit meetings, individual conferences and workgroups as required and assigned.</li> <li>— Provide support in absence of other team members.</li> <li>— Complete all other duties as assigned.</li> </ul>

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
  - ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

**Name**

**Title**

**Position Number**

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23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

Please give examples.

Tasks not completed as assigned will impede the work of the team. Clients may not receive payments or services in a timely manner and additional stress on the child and family may result. Late or omitted reports and/or forms place the agency out of compliance with laws, regulations and procedures.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Daily contact with social service staff, regular contact with consumers from the community and staff from social service agencies, other State agencies and Federal agencies as necessary to complete assigned tasks.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

Stress from facing hostile clients. Stress resulting from deadlines and use of office equipment on a repetitive basis. Normal risks associated to working in an office environment. Must be able to travel, operate a motor vehicle, and be away from their home or office for periods of time when attending meetings, trainings, and conferences and providing assistance other office locations within the region.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Daily use of computer, e-mail, laser printer, telephone, fax, copier, and general office equipment.

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**PART III - To be completed by the department head or personnel office**

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27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

High School diploma or equivalent.

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Education or Training - special or professional

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Licenses, certificates and registrations

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Special knowledge, skills and abilities

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Experience - length in years and kind

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Independent work experience in office support/clerical work including basic computer skills and software application skills.

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Signature of Employee

Date

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Signature of Personnel Official

Date

**Approved:**

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Signature of Supervisor

Date

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Signature of Agency Head or  
Appointing Authority

Date